Revision:	HCFA-PM-91- 1991	(BPI	D)	OM	IB No.:	0938-		
		State:	Colorado					
<u>Citation</u> 1902(a)(52 and 1925 o		Fam	ilies Recei	ving Extended Medica	<u>id Benef</u>	fits		
the Act	•	(a)	6-month pe of the Act services p described	es provided to families during the first in period of extended Medicaid benefits under Section 1925 Act are equal in amount, duration, and scope to es provided to categorically needy AFDC recipients as bed in ATTACHMENT 3.1-A (or may be greater if provided a caretaker relative employer's health insurance plan).				
		(b)	Services p of extende are	rovided to families of Medicaid benefits (during t under se	he second 6-month period ction 1925 of the Act		
			<u>/X/</u>	provided to categori described in ATTACHM	cally no MENT 3.1 caretake	and scope to services eedy AFDC recipients as -A (or may be greater if relative employer's		
				provided to categori may be greater if pr	ically no rovided health	insurance plan) minus any		
			Ū		al dise	other than services in an ases) for individuals 21		
				Medical or remedial practitioners.	care pr	ovided by licensed		
			\Box	Home health services	s.			

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Supersedes Approval Date 4992 Effective Date ____10/1/91 HCFA ID: 7982EII

Revision:	HCFA-PM-91- 1991	(BPD)	OMB No.: 0938-
	St	ate: <u>Colorado</u>	
<u>Citation</u>	3.5	<u>Families</u> (Continue	Receiving Extended Medicaid Benefits d)
			Private duty nursing services.
			Physical therapy and related services.
			Other diagnostic, screening, preventive, and rehabilitation services.
			Inpatient hospital services and nursing facility services for individuals 65 years of age or over in an institution for mental diseases.
			Intermediate care facility services for the mentally retarded.
			Inpatient psychiatric services for individuals under age 21.
			Hospice services.
			Respiratory care services.
			Any other medical care and any other type of remedial care recognized under State law and specified by the Secretary.

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	J. <u>90-11</u>		' '	HC	FA ID:	7982EII

Revision:	HCFA-PM-91- 1991	(BP	D)		0	MB No.:	0938-
		State:	Colora	ado			
<u>Citation</u>	3.5		<u>ilies R</u> ntinued		g Extended Medica	aid Benef	its
		(c) <i></i> /	deducti	ibles, c I by the	oinsurance, and	similar	enrollment fees, costs for health plans payments for medical
				\Box	1st 6 months	\Box	2nd 6 months
					ency requires car plans as a condi		to enroll in employers' eligibility.
				\Box	1st 6 mos.	<u> </u>	2nd 6 mos.
		(d) <u></u> /	(1)	during	the second 6-mon	nth perio	sistance to families d of extended Medicaid alternative methods:
					Enrollment in the health plan.	he family	option of an employer's
					Enrollment in the employee health		option of a State
					Enrollment in thuninsured.	he State	health plan for the
					organization (HM	MO) with rcent Med	e health maintenance a prepaid enrollment of icaid recipients (except edicaid).

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				210	u				
Revision:	HCFA-PM-91- 1991	(BPD)					OMB N	lo.:	0938-
	Sta	te: <u>Col</u>	orado						
Citation	3.5	Families (Continu		ing Ext	tende	<u>d Medi</u>	caid	<u>Benef</u>	<u> its</u>
		alte for	rnative	health that	care	e plane	(s) of	ffere	fies and describes the d, including requirements ss to services of
	(2)	The	agency						
			Pays all for such			nd enr	^ollme	nt fe	ees imposed on the family
			Pays all for such			s and	coins	urand	ce imposed on the family

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sedes Approval Date 49 Effective Date 10/1/91

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